

## HISTORY OF PRETERM DELIVERY

(311)

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN  
HIGH RISK.....No

### RISK DESCRIPTION:

Birth of an infant at  $\leq 37$  weeks gestation

- Pregnant Women: any history of preterm delivery
- Breastfeeding and Delivered Women: most recent pregnancy

### ASK ABOUT:

- Pre-pregnancy weight
- Weight gain pattern
- Maternal age
- Smoking status and other substance use patterns
- Nutrition practices
- Recent untreated illnesses and infections including gingivitis and periodontal disease
- Access to health care
- Her need for and access to a quality breast pump (if breastfeeding)

### NUTRITION COUNSELING/EDUCATION TOPICS:

- In most cases of preterm labor, the cause is unknown.
- Epidemiologic studies consistently report low socioeconomic status, nonwhite race, maternal age of  $\leq 18$  years or  $\geq 40$  years, and low pre-pregnancy underweight as risk factors.
- The risk for preterm birth increases with the number of prior preterm births and decreases with the number of term deliveries.
- Pregnant Women:
  - Review her weight gain pattern and weight gain goal.
  - Review the basics of a healthy pregnancy diet based on MyPyramid.
  - Remind her of the importance of keeping all of her prenatal appointments.
  - Review the signs and symptoms of premature labor.
- Breastfeeding and Delivered Women:
  - Emphasize the importance of taking care of herself, including healthy food choices, so that she can be strong and healthy to provide the extra support and attention that her baby may need.
  - Suggest ways that family and friends can help with household tasks so that she can be with her baby in the hospital and/or focus her attention on getting breastfeeding established.

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## POSSIBLE REFERRALS:

- Breastfeeding Women:
  - If she could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.
  - If she needs a breast pump, provide access to an electric pump based on WIC policies.
- All Women:
  - If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
  - If she smokes or abuses alcohol or drugs, refer her to an appropriate community-based cessation program such as the North Dakota Tobacco Quitline (<http://www.ndhealth.gov/tobacco/quitline.htm>) at 1-800-QUIT-NOW or 1-800-784-8669 (1-866-257-2971 for the hearing impaired) or North Dakota QuitNet at <http://www.ndhealth.gov/tobacco/quitnet.htm>.
  - If she has signs of dental decay and/or problems accessing dental care, refer her to a local dental office or the local public health department (public health hygienists). More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.